

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach Division, Department, or Region (if applicable) City Manager's Office Street Address 333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802 Area Code/Phone Number 562-570-5091 Email tom.modica@longbeach.gov Agency Contact (name and title) Tom Modica, Assistant City Manager		Date Stamp California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 12/13/18 (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name 1000 Alameda St Address	First Name Los Angeles City	<input checked="" type="checkbox"/> Other The California Endowment Name CA State	Zip Code 90012 Zip Code
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A philanthropic organization, The California Endowment, supports effective institutions, and influential network building.
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment San Diego, CA Location of Travel Drove Self Transportation Provider \$ 293.15 Lodging Expenses	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes \$ 26.05 Meal Expenses	11/11/2018 - 11/12/2018 Dates (month, day, year) Manchester Grand Hyatt San C Name of Lodging Facility \$ 112.27 Transportation Expenses	\$ 431.47 Total Expenses
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3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year)	\$ 431.47 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The California Endowment covered all expenses associated with Katie Balderas' costs to attend the American Public Health Association conference in San Diego. Katie presented on a health equity panel coordinated by TCE as a partner of the Building Healthy Communities initiative.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Balderas Last Name	Katie First Name	Equity Officer Position/Title	Department of Health & Hun Department/Division
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Tom Modica
 Assistant City Manager
 Print Name Title

12/12/18
 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)